

10-09-01

EL 759668553 US



UTILITY PATENT APPLICATION TRANSMITTAL

10/05/01

PTO/SB/05 (03-01)

Attorney Docket No.:	CS90041	Total Pages:	2
First-Named Inventor or Application Identifier:	Jenifer Fahey		
Title:	MOBILE WIRELESS COMMUNICATION HANDSET WITH SOUND MIXER AND METHODS THEREFOR		
Express Mail Label No.:	EL 759668553 US		

(Only for new nonprovisional applications under 37 CFR 1.53(b))

APPLICATION ELEMENTS (see MPEP chapter 600 concerning utility patent application contents)	ADDRESS TO:	Assistant Commissioner for Patents Box Patent Application Washington, D.C. 20231
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1. Fee Transmittal Form *in duplicate*
2. Specification | Total Pages 22
3. Drawings | Total Sheets: 2
4. Oath or Declaration with Power of Attorney | Total Pages 5
 - a. Newly Executed (original or copy)
 - b. Copy from prior application (37 CFR §1.63(d))
(for continuation/divisional with Box 17 completed)
 - i. Deletion of Inventor(s):
Signed statement attached deleting inventor(s) named in the prior application
(see 37 CFR §1.63(d)(2) and 1.33(b))
5. Incorporation by Reference (*useable if Box 4b is checked*)
The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference thereto.
6. Application Data sheet. See 37 CFR 1.76
7. Nucleotide and/or Amino Acid Sequence Submission

ACCOMPANYING APPLICATION PARTS

8. Assignment Papers (*cover sheet and document(s)*)
9. 37 CFR §3.73(b) Statement (when there is an assignee) Power of Attorney
10. English Translation Document (*if applicable*)
11. Information Disclosure Statement (IDS)Form PTO/SB/08 Copies of IDS Citations
12. Preliminary Amendment
13. Return Receipt Postcard (MPEP 503) (*should be specially itemized*)
14. Certified Copy of Priority Document(s)

10-05-01
09/972381
10/05/01

15. Nonpublication Request Under 35USC 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent

16. Other:

17. **IF A CONTINUING APPLICATION**

*check appropriate box and supply the requisite information below
and, if applicable, in a preliminary amendment:*

Continuation

Divisional

Continuation-
in- Part (CIP)

Prior Appl. No.

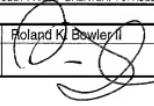
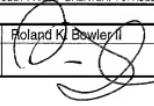
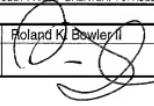
Prior Appl. information: | Examiner: | Group/Art Unit: |

CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	20280	or	<input type="checkbox"/>	Correspondence address below
NAME	Roland K. Bowler II			
	Attorney for Applicant(s)			
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CITY	Libertyville	STATE	IL	ZIP CODE
COUNTRY	U.S.A.	TELEPHONE	847-523-3978	FAX 847-523-2350

SUBMITTED BY

NAME	Roland K. Bowler II	Reg. No.	33,477
SIGNATURE			
DATE	10/05/01	Deposit Account User ID	13-4768

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METHOD OF PAYMENT 1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayment to Deposit Account Number 13-4768 Deposit Account Name Motorola, Inc. <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.17 and 1.17 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27																																																																																																																																																																																																									
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